

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Rudolph J. Kopfer for **Face Foam Free Protective Eyewear With Inner Liner And Vent**.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **April 8, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EV 329477157** US addressed to: **Box Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen B. Webber

Karen B. Webber

1. **Type Of Application**
This new application is for a(n)
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**
10 Pages of Specification
5 Pages of Claims
1 Page of Abstract
6 Sheets of Formal Drawings
3. **Combined Declaration and Power of Attorney**
☒ Enclosed
☒ Executed by inventor.
4. **Inventorship Statement**
The inventorship for all the claims in this application is:
☒ the same
5. **Language**
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**
☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	41 - 20 =	21 × \$18.00 =	\$378.00
Independent Claims (37 C.F.R. § 1.16(b))	2 - 3 =	0 × \$86.00 =	\$0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00

Filing Fee Calculation \$1148.00

7. **Small Entity Statement(s)**

- ☒ Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.

Filing Fee Calculation (50% of above) \$574.00

8. **Fee Payment Being Made At This Time**

- ☒ Enclosed
☒ basic filing fee

\$574.00

Total Fees Enclosed

\$574.00

9. **Method of Payment of Fees**

- ☒ Check in the amount of \$574.00


10. **Authorization To Charge Additional Fees and Credit Overpayment**

- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: **08-1290**. An originally executed duplicate of this transmittal is enclosed for this purpose.

11. **Return Receipt Postcard**

- ☒ Enclosed

Dated: April 8, 2004



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- ☒ **Statement Where No Further Pages Added**
☒ This transmittal ends with this page.